

ROCKINGHAM COUNTY ZONING APPEAL APPLICATION

FOR OFFICE USE ONLY

FEE: _____

DEADLINE DATE: _____

RECEIPT # _____

HEARING DATE: _____

DATE REC _____

BZA # _____

APPLICANT: _____

ADDRESS: _____

CONTACT PERSON: _____ Daytime No. _____

LOCATION: (N S E W) side of Route # _____ approximately _____ miles/feet (N S E W) of Route # _____
in the _____ Magisterial District, Election District # _____.

TAX MAP # _____ ZONING: _____ ACRES: _____

TO THE BOARD OF ZONING APPEALS:

I (We) respectfully request that the Board of Zoning Appeals decide our appeal for an interpretation/decision of the Zoning Administrator made on _____, 20____.

I (We) appeal _____

for the following reason(s): _____

A previous appeal on this (has/has not) been filed on this property. My (Our) interest in this property is as (owner, lessee, contract purchaser).

If applicant does not own property, the landowner's signature must be obtained.

Signature of Landowner

Applicant or Agent